

(Rev. 09/2007) Complaint Under The Civil Rights Act, 42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
Southern District of Florida

Case Number: 23-cv-81470-DMM

FILED BY [Signature] D.C.

NOV 07 2023

ANGELA E. NOBLE
CLERK U.S. DIST. CT.
S. D. OF FLA. - MIAMI

AMOS BIEN-AINE

(Enter the full name of the plaintiff in this action)

v.

WELL PATH HEALTH SERVICES

DR. CHARLES JACK

DR. CARDELLI

(Above, enter the full name of the defendant(s) in this action)

A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Instructions for Filing:

This packet includes four copies of the complaint form and two copies of the Application to Proceed without Prepayment of Fees and Affidavit. To start an action you must file an original and one copy of your complaint for the court and one copy for each defendant you name. For example, if you name two defendants, you must file the original and three copies of the complaint (a total of four) with the court. You should also keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original.

Your complaint must be legibly handwritten or typewritten. Please do not use pencil to complete these forms. The plaintiff must sign and swear to the complaint. If you need additional space to answer a question, use an additional blank page.

Your complaint can be brought in this court only if one or more of the named defendants is located within this district. Further, it is necessary for you to file a separate complaint for each claim that you have unless they are all related to the same incident or issue.

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There is a filing fee of \$350.00 for this complaint to be filed. If you are unable to pay the filing fee and service costs for this action, you may petition the court to proceed in forma pauperis.

Two blank Applications to Proceed without Prepayment of Fees and Affidavit for this purpose are included in this packet. Both should be completed and filed with your complaint.

You will note that you are required to give facts. THIS COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.

When these forms are completed, mail the original and the copies to the Clerk's Office of the United States District Court, Southern District of Florida, 400 North Miami Avenue, Room 8N09, Miami, Florida 33128-7788.

I. Parties

In Item A below, place your name in the first blank and place your present address in the third blank.

A. Name of plaintiff: AMOS BIEN-AIME
Inmate #: 0373795
Address: PALM BEACH COUNTY JAIL MDC
PO BOX 24716 WFPB, FL 33416

In Item B below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item C for the names, positions, and places of employment for any additional defendants.

B. Defendant: DR. CHARLES DACK
is employed as A MENTAL HEALTH DOCTOR/PSYCHIATRIST
at WELL PATH HEALTH SERVICES

C. Additional Defendants: DR. CARDELLI
MENTAL HEALTH DOCTOR/PSYCHIATRIST
WELL PATH HEALTH SERVICES

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II. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places.

Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an additional blank page if necessary.

I WAS PRESCRIBED AT LEAST SIX (6) MEDICATIONS BY BOTH DR. CHARLES DAK AS WELL AS DR. CARDELLI, FOR A PERIOD OF OVER A YEAR AND THE EFFECT HAS PLACED SIGNIFICANT BURDENS TO MY HEALTH. SUCH AS I HAD A SEIZURE ON SEPT 13TH 2023, AND MY BLOOD PRESSURE HAS CONSISTENTLY BEEN HIGH EVEN AFTER I HAVE BEEN PRESCRIBED BLOOD PRESSURE MEDICATION. I AM ALSO DEALING WITH LINGERING HEADACHES AND INSOMNIA AS WELL. THESE CONDITIONS THREATEN MY LIFE EACH AND EVERY DAY SO MY LIFE WILL NEVER

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BE THE SAME. THE MEDS THAT WERE PRESCRIBED
IS ZOLOFT, TRILEPTA, TEGRETA, PRAZOSEN, BUSE
BARS AND VISTEROL.

III. Relief

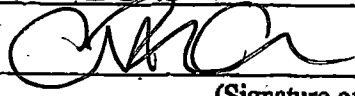
State briefly exactly what you want the court do to do for you. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE TO SUE WELL PATH
HEALTH SERVICES, DOCTOR CHARLES DACK
AND DOCTOR CARDELLI FOR culpable negligence,
MEDICAL MALPRACTICE AS WELL AS ANY
OTHER APPROPRIATE CHARGES THAT MAY BE
DISCOVERED DURING THE COURSE OF THIS
CASE. I AM SEEKING MONETARY RELIEF
TO ASSIST ME WITH FUTURE MEDICAL BILLS
AND OR ASSISTANCE, AND SHOULD THE CONDITIONS
WORSEN SO THAT I CAN SURVIVE, \$3 MILLION.

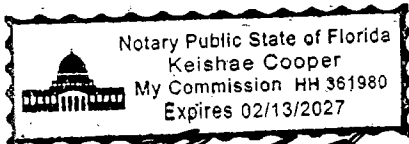
IV. Jury Demand

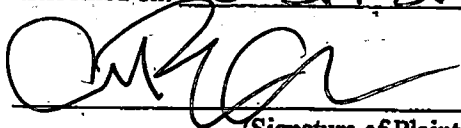
Do you demand a jury trial? ☒ Yes ☐ No

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Signed this 27th day of OCTOBER, 2023

(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct. *(optional)*



Executed on: 10-27-23

(Signature of Plaintiff)

USMS

DESIGN

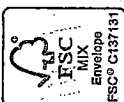
RECEIVED

Attention:

**This Letter Originates From The Palm Beach
County Facility Inmate Mail Is Uncensored
The Sheriff Cannot Assume Responsibility
For Its Contents**

THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT

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400 NORTH MIAMI AVENUE
Room 8109

Clerk's office of U.S District
Court, Southern District of
Florida



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And Beech County Jail
and Detention Center
Box 2471C
P.O. Box 3341C